

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/517659

FILED DATE
APPLICANT

CLAIMS

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.			↓		↓	↓
TOTAL DEP.	5	↑		↑		↑
TOTAL CLAIMS	6	██████		██████		██████

BEST AVAILABLE COPY